



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6600.13  
BUMED-631  
25 Feb 97

BUMED INSTRUCTION 6600.13

From: Chief, Bureau of Medicine and Surgery  
To: Ships and Stations Having Dental Personnel

Subj: EXPANDED FUNCTIONS FOR DENTAL TECHNICIANS

Ref: (a) MANMED, article 6-67(2)(n)  
(b) MANMED, article 102(2)(b)  
(c) American Dental Association Legal Provisions for Hygienists, 1993  
(d) National Framework in Which Volunteers May Give Service, American Red Cross Pub 3309, rev July, 1994 (NOTAL)

Encl: (1) Expanded Functions Qualifications (EFQ) Common to all Dental Technicians  
(2) EFQ for Front Desk and Appointment Technicians  
(3) EFQ for Oral Diagnosis and Sickcall Technicians  
(4) EFQ for Operative Dentistry Technicians  
(5) EFQ for Preventive Dentistry Technicians  
(6) EFQ for Periodontic Technicians  
(7) EFQ for Oral Surgery Technicians  
(8) EFQ for Endodontic Technicians  
(9) EFQ for Prosthodontic Technicians  
(10) EFQ for Orthodontic Technicians  
(11) EFQ for Pedodontic Technicians

1. Purpose. To establish a program within the Navy Medical Department to qualify dental technicians to perform expanded functions.

2. Definitions

a. Expanded Function. A procedure beyond the scope of normal assisting duties, delegated by the dentist, and reversible in nature.

b. Direct Supervision. The supervising dentist must be in the immediate area (within the dental treatment facility (DTF)) and available for evaluation, but not necessarily in the same room as the dental technician performing the expanded function.

c. Supervising Dentist. The privileged dentist to whom the expanded function dental technician (either in training or qualified) is assigned.

d. Qualifying Dentist. A privileged dentist, normally the clinic director or department head, designated in writing by the commanding officer (CO) who determines when a dental technician is qualified as an expanded function technician in a function area.

e. Function Area. A work station or department to which a dental technician is assigned or a dental specialty in which the supervising dentist is working.

f. Proof of Qualification. Written documentation of a dental technician's mastery of a particular function area which becomes part of the dental technician's training record with a corresponding page 4 entry made in the Enlisted Personnel Record.

3. Background. The delivery of dental care has proven to be considerably more efficient with the use of dental technicians trained to perform expanded functions. To this end, the use of dental technicians qualified in expanded functions is a vital part of the Navy's managed health care system and will be a factor in achieving higher levels of dental readiness. References (a) and (b) implicitly authorize the training of dental technicians in expanded functions. Reference (c) lists those expanded functions legally performed on a state-by-state basis.

4. Scope. Applies to the following categories of personnel:

a. Active Duty Dental Technicians. All eligible active duty dental technicians shall have an opportunity to participate in the expanded functions program as the resources of their respective commands allow. For some DTFs, this program may be limited to a portion of one clinic or department. On a ship, the program may be limited to one dentist and two operatories on a certain day or at a particular time of the day. In these instances of limited implementation, COs and fleet dental officers must ensure a rotation policy is in effect, allowing as much participation as is practical.

b. Civilian Dental Assistants under Employment. At the discretion of the CO, and after consideration of the impact on

financial resources, this instruction may also apply to civilian dental assistants, both contract and Government service. In this case, and when reading this instruction:

(1) Substitute the words "civilian dental assistant" for "dental technician."

(2) Paragraphs 6d, 7a(6), and 7a(7) do not apply.

c. Red Cross Volunteers. At the discretion of the CO, this instruction may also apply to Red Cross volunteers.

(1) Participation is contingent upon completion of a basic dental assisting program.

(2) Per reference (d), the starred (\*) expanded functions in enclosures (1) through (11) are not permitted.

(3) When reading this instruction, substitute the words "Red Cross volunteer" for "dental technician."

(4) Paragraphs 6d, 7a(6), and 7a(7) do not apply.

## 5. Policy

a. Dentists. The supervising dentist retains all responsibility for any expanded function the dental technician may perform, and may limit the dental technician's expanded functions at any time.

b. Dental Technicians. Eligible dental technicians shall be trained in expanded functions and used in that role to the maximum extent possible and as resources allow, per paragraph 4a. To become eligible to begin the expanded functions program, the dental technician must:

(1) Obtain the recommendation of the CO.

(2) Demonstrate proficiency in those competencies taught at the Dental Assistant, Basic, Class "A" School.

c. Functions Specifically Prohibited:

(1) Cutting soft or hard tissue.

(2) Root planing and curettage.

(3) Administering block anesthesia.

(4) Signing prescriptions for medication or prosthetic or orthodontic appliances.

(5) Any procedure which cannot be reversed by re-treatment.

6. Program

a. Training. Expanded functions do not require formal training nor do they require special examination to determine competency. Rather, the supervising dentist shall teach expanded functions and use professional judgment to determine the competency of a dental technician in a specific expanded function. The type (specialty area) of training shall be limited by the range of specialty treatment provided by the respective DTFs.

b. EFQ Signoff Sheets

(1) Enclosures (1) through (11) list the recommended expanded functions to be included in this program. They list those expanded functions, organized by function area, commonly found in many DTFs.

(2) The supervising dentist initials and dates the EFQ signoff sheet when the dental technician has mastered a particular expanded function.

(3) When every expanded function on the signoff sheet has been initialed and dated, the qualifying dentist shall determine if the technician is fully qualified in an entire function area. At this time, the qualifying dentist signs and dates the signoff sheet. Once qualified, the dental technician may then use that expanded function with any dentist in the command, with paragraph 5a pertaining. It is intended that proof of qualification be completed only once in a command. Qualification remains in effect as long as the individual continues to demonstrate competency or until removed by the qualifying dentist.

(4) Maintaining the same format, commands may use, not use, or modify any of the individual expanded functions as they see fit. Commands are further authorized to develop EFQ signoff sheets for any function area of clinic or clinic-related activity deemed applicable to that command's situation.

c. Qualification in a Function Area

(1) A dental technician shall be considered qualified in a function area when a proof of qualification document has been signed by the qualifying dentist. It is intended that the EFQ signoff sheet be the proof of qualification document. Commands may elect to require completion of the "EFQ Common to all Dental Disciplines" signoff sheet or similar document as a prerequisite for qualification in any other function area.

(2) A command may opt to use an alternative to EFQ signoff sheets as the proof of qualification document. This alternative document must specify particular expanded functions mastered by the dental technician.

(3) The signed proof of qualification for each function area shall then become part of the dental technician's training record.

(4) A page 4 entry shall be made in the member's Enlisted Personnel Record documenting the qualification in that function area.

d. Transfer of Dental Technicians. Completed proof of qualification documents should stay in the technician's training record upon transfer. However, this proof of qualification should not be viewed as a credentials package enabling the technician to immediately begin performing an expanded function upon arrival at the gaining command. Rather, proof of qualification should be used as a starting point in evaluating the technician's ability before making a work assignment. The gaining command may elect to keep the previous command's proof of qualification documents or replace them with their own. In any event, there should only be one proof of qualification document per function area in the technician's training record.

7. Action

a. COs of DTFs, COs of medical treatment facilities (MTFs) with dental departments, and fleet dental officers shall:

(1) Authorize dental technicians to perform expanded functions within the capabilities of their facility following paragraphs 4 and 5. This shall be accomplished with the use of the enclosures (1) through (11) or other proof of qualification documents.

BUMEDINST 6600.13  
25 Feb 97

(2) Recommend dental technicians to begin the expanded functions program.

(3) Determine which function areas apply to their commands and produce EFQ signoff sheets or other means of documenting qualification.

(4) Determine which expanded functions within a particular function area will be performed in their commands.

(5) Designate qualifying dentists in writing.

(6) Ensure a page 4 entry is made in the Navy dental technician's Enlisted Personnel Record for proof of each qualification completed and for any qualification rescinded.

(7) Ensure an entry is made in block 44 of the enlisted Evaluation Report and Counseling Record (NAVPERS 1616/26) for each qualification completed. Comments are not made concerning qualifications in progress.

b. Designated qualifying dentists shall:

(1) Verify competency and sign and date the proof of qualification documents. This shall be done once all expanded functions on a signoff sheet have been initialed or some other means of performance has been documented.

(2) Rescind qualification if a technician no longer demonstrates competency in an expanded function.

(3) Ensure completed proof of qualification documents are entered in the qualifying dental technician's training record and removed if the qualification is rescinded.

c. Supervising dentists shall train assigned dental technicians in expanded duties. They shall initial and date individual expanded functions on the EFQ signoff sheets or otherwise document the technician's mastery of the expanded functions in that function area.

d. Dental technicians are expected to first master the competencies taught at Dental Assistant "A" School and then become qualified in as many function areas as possible within the constraints of their particular DTF.

8. Forms

a. The following forms are available per CD ROM NAVSUP PUB 600 (NLL):

(1) SF 603 (Rev. 10-75, Dental Health Record, S/N 0105-LF-011-5300.

(2) SF 603A (Rev. 10-75), Dental Health Record, S/N 0105-LF-011-5400.

(3) DD 2322 (Rev. 10-83), Dental Laboratory Work Authorization, S/N 0102-LF-002-3220.

(4) NAVPERS 1616/26 (7-95), Evaluation Report and Counseling Record, S/N 0106-LF-019-7400.

(5) NAVMED 1300/1 (Rev. 12-90), Medical and Dental Overseas Screening Review for Active Duty and Dependent, S/N 0105-LF-011-5300.

(6) NAVMED 6600/3 (Rev. 1-92), Dental Health Questionnaire, S/N 0105-LF-013-7700.

b. The following forms are available from the Federal Supply System through normal supply procurement procedures:

(1) SF 88 (Rev. 10-94), Report of Medical Examination, S/N 7540-00-634-4038.

(2) SF 522, (Rev. 7-91), Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, S/N 7540-00-634-4165.

HAROLD M. KOENIG

Available from:  
<http://support1.med.navy.mil/bumed/instruct/external/external.htm>

EXPANDED FUNCTIONS QUALIFICATIONS (EFQ)  
COMMON TO ALL DENTAL TECHNICIANS

EXPANDED FUNCTION EVALUATED	INITIALS AND DATE
1. Review patient's Dental Health Questionnaire (NAVMED 6600/3, including annotating significant findings for doctor's review).	_____
2. Fill out a prescription for doctor's signature for the following drugs:	
a. Ibuprofen.	_____
b. Chlorhexidine.	_____
c. Acetaminophen plus codeine (Tylenol #3).	_____
d. Amoxicillin.	_____
e. Penicillin.	_____
f. Erythromycin.	_____
g. Tetracycline.	_____
h. _____ (other)	_____
i. _____ (other)	_____
3. Deliver pre-op medications at the direction of the dentist.	_____
4. Show familiarity with the Physicians's Desk Reference (PDR).	_____
5. Screen the oral cavity and report findings.	_____
6. Order limited radiographs following the clinic standard operating procedures (SOP).	_____
7. Deliver caries control instructions and demonstrate the ability to discuss with patients the various health care promotion programs, such as smoking cessation, diet counseling, stress control, etc.	_____



BUMEDINST 6600.13  
25 Feb 97

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

8. Demonstrate knowledge of the management of the following medical emergencies:  
(Journal of the American Dental Association, vol. 124, Aug 93 is one of many references suitable for this expanded function.)
  - a. Unconsciousness. \_\_\_\_\_
  - b. Altered consciousness. \_\_\_\_\_
  - c. Convulsions. \_\_\_\_\_
  - d. Respiratory distress. \_\_\_\_\_
  - e. Drug-related crises (local anesthetic overdose, allergic skin reaction, systemic allergic reaction). \_\_\_\_\_
  - f. Chest pain (myocardial infarction, angina). \_\_\_\_\_
9. Discuss and explain informed consent. Prepare an SF-522 for the doctor's signature and explain its meaning to the patient. \_\_\_\_\_
10. Complete a SF-603/603A or dental treatment form entry for routine procedures per MANMED chapter 6, as dictated by the dentist. \_\_\_\_\_
11. Prepare no duty and light duty chits for the doctor's signature. \_\_\_\_\_
12. Demonstrate proficiency in updating the patient treatment plan entries for proper computer entry. \_\_\_\_\_
13. Prepare study casts using the following steps:
  - a. Take alginate impressions. \_\_\_\_\_
  - b. Record centric occlusion. \_\_\_\_\_

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

- c. Pour stone or gypsum. \_\_\_\_\_
- d. Trim casts. \_\_\_\_\_
14. Demonstrate suture removal. \_\_\_\_\_
15. Apply a rubber dam:
- a. To the upper-left quadrant. \_\_\_\_\_
- b. To the upper-right quadrant. \_\_\_\_\_
- c. To the lower-left quadrant. \_\_\_\_\_
- d. To the lower-right quadrant. \_\_\_\_\_
16. Know the numbers of the most commonly used  
rubber dam clamps and how they are used. \_\_\_\_\_

EFQ COMMON TO ALL DENTAL DISCIPLINES completed this date:

\_\_\_\_\_

\_\_\_\_\_  
Signature of command designated qualifying dentist

\_\_\_\_\_  
Printed name of command designated qualifying dentist

\_\_\_\_\_  
Command

EFQ FOR FRONT DESK AND APPOINTMENT TECHNICIANS

EXPANDED FUNCTION EVALUATED	INITIALS AND DATE
1. Demonstrate telephone manners, courtesies, and diplomacy.	_____
2. Provide patient eligibility information for Tricare Active Duty Family Member Dental Plan.	_____
3. Coordinate patient flow through sickcall.	_____
4. Triage sickcall patients with:	
a. Immediate need to see a sickcall doctor.	_____
b. Less urgent need to be appointed for definitive treatment.	_____
5. Demonstrate knowledge of prioritized care based on principles of managed dental care.	_____
6. Demonstrate proper dental record administration.	
a. Retrieve filed records properly.	_____
b. File records properly.	_____
7. Qualify as, and perform the duties of, the Designated Dental Representative (completion and signature of an SF 88) per MANMED article 6-99.	_____
8. Properly complete the NAVMED 1300/1, Medical and Dental Overseas Screening Review for Active Duty or Dependent. Demonstrate how to use the Dental Corps' Navy Overseas Dental Facilities Guide.	_____
9. Demonstrate proficiency in managing appointment schedules.	_____
10. Confirm appointments by telephone per clinic standard operating procedure (SOP).	_____

BUMEDINST 6600.13  
25 Feb 97

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

- |  |       |
|--|-------|
| 11. Manage the dental recall program.  | _____ |
| 12. Perform Defense Enrollment Eligibility<br>Reporting System check procedures. | _____ |
| 13. Demonstrate proficiency in operating front<br>desk computer systems.         | _____ |

EFQ for FRONT and APPOINTMENT DESK completed this date: \_\_\_\_\_

\_\_\_\_\_  
Signature of command designated qualifying dentist

\_\_\_\_\_  
Printed name of command designated qualifying dentist

\_\_\_\_\_  
Command

EFQ FOR ORAL DIAGNOSIS AND SICKCALL TECHNICIANS

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

1. Perform the following diagnostic tests:
  - a. Electronic pulp test (EPT). \_\_\_\_\_
  - b. Ice. \_\_\_\_\_
  - c. CO<sub>2</sub> snow. \_\_\_\_\_
2. Provide the following osteitis treatment:\*
  - a. Irrigation. \_\_\_\_\_
  - b. Placement of dry socket dressing. \_\_\_\_\_
  - c. Removal of dry socket dressing. \_\_\_\_\_
3. Replace temporary restorations (intermediate restorative material (IRM), CAVIT, zinc oxide eugenol (ZOE), and crowns), using the following steps:
  - a. Remove old cement from crown or restorative material from tooth preparation. \_\_\_\_\_
  - b. After placement, remove excess cement or restorative material. \_\_\_\_\_
  - c. Check occlusion. \_\_\_\_\_
4. Prepare prosthetic lab request (DD 2322) for fabrication of temporomandibular disorder (TMD) splints. \_\_\_\_\_
5. Prepare hepatitis screen laboratory request. \_\_\_\_\_
6. Demonstrate knowledge of dislocated jaw management. \_\_\_\_\_

BUMEDINST 6600.13  
25 Feb 97

EFQ for ORAL DIAGNOSIS and SICKCALL completed this date:

\_\_\_\_\_  
Signature of command designated qualifying dentist

\_\_\_\_\_  
Printed name of command designated qualifying dentist

\_\_\_\_\_  
Command

\*Not authorized for Red Cross volunteers.

EFQ FOR OPERATIVE DENTISTRY TECHNICIANS

EXPANDED FUNCTION EVALUATED	INITIALS AND DATE
1. Deliver caries control instructions. (One of several good references for this expanded function is the Journal of the American Dental Association, vol. 124, Aug 93.)	_____
2. Demonstrate knowledge of and use the following materials:	
a. Amalgam.	_____
b. Calcium Hydroxide (Dycal).	_____
c. Varnish.	_____
d. Glass ionomer (simple only) Types: 1 2 3.	_____
e. Composites (simple only).	_____
f. Etch.	_____
g. Glaze/rebond.	_____
h. Cements: ZNPO4, GI, PCA.	_____
i. Temporary cements, calcium hydroxide, ZOE, and IRM.	_____
j. Sealants.	_____
3. Apply topical anticariogenic agents.	_____
4. Apply pit and fissure sealants. (Includes cotton roll, rubber dam isolation, and etch.)	_____
5. Place matrices with wedges.	_____
6. Remove matrices.	_____
7. Place temporary restorations.	_____
8. Apply cavity liners and bases.	_____

BUMEDINST 6600.13

25 Feb 97

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

9. Place amalgam increments in the prepared cavity for condensation.

\_\_\_\_\_

10. Condense, carve, and perform initial occlusal check of simple amalgam restorations.

\_\_\_\_\_

11. Polish amalgam restorations.

\_\_\_\_\_

EFQ for OPERATIVE DENTISTRY completed this date:

\_\_\_\_\_

\_\_\_\_\_  
Signature of command designated qualifying dentist

\_\_\_\_\_  
Printed name of command designated qualifying dentist

\_\_\_\_\_  
Command



EFQ FOR PREVENTIVE DENTISTRY TECHNICIANS

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

1. Complete a thorough dental health questionnaire review. \_\_\_\_\_
2. Perform supragingival scaling with hand and sonic instruments.\* \_\_\_\_\_
3. Perform oral prophylaxis.\* \_\_\_\_\_
4. Provide nutrition/diet counseling. \_\_\_\_\_
5. Apply topical anticariogenic agents. \_\_\_\_\_
6. Deliver caries control instructions. (One of several good references for this expanded function is the Journal of the American Dental Association, vol. 124, Aug 93.) \_\_\_\_\_
7. Place pit and fissure sealant using the following procedures:
  - a. Apply etch. \_\_\_\_\_
  - b. Isolate with rubber dam, cotton rolls. \_\_\_\_\_
  - c. Check occlusion. \_\_\_\_\_
8. Deliver pre-op medication (Peridex). \_\_\_\_\_
9. Sharpen and demonstrate proper care of periodontal instruments. \_\_\_\_\_
10. Demonstrate proper patient instruction on use of home care devices. \_\_\_\_\_

EFQ for PREVENTIVE DENTISTRY completed this date: \_\_\_\_\_

\_\_\_\_\_  
Signature of command designated qualifying dentist

\_\_\_\_\_  
Printed name of command designated qualifying dentist

\_\_\_\_\_  
Command

\*Not authorized for Red Cross volunteers.

Enclosure (5)

EFQ FOR PERIODONTIC TECHNICIANS

EXPANDED FUNCTION EVALUATED	INITIALS AND DATE
1. Demonstrate proper appointment book management procedures.	_____
2. Perform patient education including the following:	
a. Explain the bacterially caused disease process.	_____
b. Give plaque control instructions.	_____
c. Demonstrate home care devices and techniques.	_____
3. Perform the following supportive surgical procedures:	
a. Demonstrate aseptic techniques.	_____
b. Prepare patient with drapes, etc.	_____
c. Retract surgically reflected tissues.	_____
d. Provide adequate surgical suction.	_____
e. Prepare bone graft materials.	_____
f. Prepare periodontal dressings.	_____
g. Use photography mirrors and retractors	_____
4. Demonstrate proper instrument management technique including the following:	
a. Setup surgical tray.	_____
b. Use high volume evacuation during instrumentation procedures.	_____
c. Show proper care of hand instruments.	_____
d. Sharpen instruments.	_____
e. Setup and show proper care of sonic and ultra-sonic scalers.	_____

25 Feb 97

EXPANDED FUNCTION EVALUATED	INITIALS AND DATE
5. Place periodontal dressings.	_____
6. Perform the following post-operative treatment procedures:	
a. Remove dressing and sutures.	_____
b. Deliver post-op patient care instructions.	_____
7. Provide recall prophylaxis with pumice and rubber cup and brush.*	_____
8. Record periodontal probing and charting.	_____
9. Perform supragingival scaling with sonic scaler and hand instruments.*	_____
10. Deliver surgical stents using the following procedures:	
a. Take alginate impressions.	_____
b. Pour gypsum or stone for diagnostic casts.	_____
c. Trim casts.	_____
d. Fabricate stent.	_____
e. Try in stent.	_____
11. Setup and secure instruments and equipment for implant surgery.	_____
12. Monitor nitrous oxide analgesia (if available).	_____
EFQ for PERIODONTICS completed this date:	_____

\_\_\_\_\_  
Signature of command designated qualifying dentist

\_\_\_\_\_  
Printed name of command designated qualifying dentist

\_\_\_\_\_  
Command

\*Not authorized for Red Cross volunteers.

EFQ FOR ORAL SURGERY TECHNICIANS

EXPANDED FUNCTION EVALUATED	INITIALS AND DATE
1. Deliver the following pre-op medications after thoroughly reviewing dental health questionnaire:*	
a. Chlorhexidine.	_____
b. Ibuprofen.	_____
2. Deliver pre- and post-op instructions.	_____
3. Prepare following post-extraction medications:	
a. Tetracycline.	_____
b. Decadron.	_____
4. Properly document all oral surgery treatment on the SF 603/603A or the dental treatment form as dictated by the dentist.	_____
5. Provide the following osteitis treatment:*	
a. Irrigate the surgery site.	_____
b. Place dry socket dressing.	_____
c. Remove dry socket dressing.	_____
6. Clean and debride traumatic wounds.*	_____
7. Demonstrate a working knowledge of the clinic's emergency medical equipment and:	
a. Inventory a code/crash cart.	_____
b. Perform a daily check on a defibrillator.	_____
c. Operate an O <sub>2</sub> tank.	_____
8. Setup an intravenous line.	_____
9. Demonstrate the proper pre-op and post-op management of a sedated patient.	_____

BUMEDINST 6600.13

25 Feb 97

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

10. Monitor nitrous oxide analgesia with  
a privileged dentist present.

\_\_\_\_\_

11. Monitor IV sedation with a privileged  
dentist present.

\_\_\_\_\_

EFQ for ORAL SURGERY completed this date:

\_\_\_\_\_

\_\_\_\_\_  
Signature of command designated qualifying dentist

\_\_\_\_\_  
Printed name of command designated qualifying dentist

\_\_\_\_\_  
Command

\*Not authorized for Red Cross volunteers.

EFQ FOR ENDODONTIC TECHNICIANS

EXPANDED FUNCTION EVALUATED	INITIALS AND DATE
1. Deliver pre-op medications with appropriate dental health questionnaire review.*	_____
2. Deliver pre- and post-op instructions.	_____
3. Demonstrate knowledge and handling of the following dental materials:	
a. Temporary restoration material.	_____
b. Irrigation solution.	_____
c. Bleaching solution.	_____
d. Sealants.	_____
4. Prepare bleach solution and understand correct base placement before bleaching.	_____
5. Perform the following diagnostic tests:	
a. EPT.	_____
b. Ice.	_____
c. CO <sub>2</sub> snow.	_____
6. Perform single-tooth rubber dam isolation on all teeth.	_____
7. Perform multiple anterior teeth rubber dam isolation without a clamp.	_____
8. Demonstrate proper technique in the production of archival quality radiographs during each of the following steps:	
a. Developing.	_____
b. Fixing.	_____
c. Washing.	_____
d. Drying.	_____

BUMEDINST 6600.13  
25 Feb 97

EXPANDED FUNCTION EVALUATED	INITIALS AND DATE
9. Expose and process radiographs with straight-on and angled views of any tooth in the mouth without an aiming device.*	_____
10. Expose and process working radiographs with a rubber dam in place using hemostats.*	_____
11. Dry canals and pulp chambers with proper use of paper points.	_____
12. Place occlusal temporary restorations, followed by an occlusion check, with the following materials:	
a. IRM or ZOE.	_____
b. CAVIT.	_____
13. Show familiarity with the following obturation techniques:	
a. Lateral condensation.	_____
b. Warm vertical.	_____
c. Thermoplastized.	_____
d. Custom fit gutta percha.	_____
14. Set working lengths on files.	_____
15. Place and remove all temporary restorations using hand instruments.	_____
16. Demonstrate knowledge and the use of instruments, devices, and compounds for:	
a. Nonsurgical root canal therapy.	_____
b. Surgical root canal therapy.	_____
17. Monitor nitrous oxide analgesia.	_____

BUMEDINST 6600.13  
25 Feb 97

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

EFQ for ENDODONTICS completed this date: \_\_\_\_\_

\_\_\_\_\_  
Signature of command designated qualifying dentist

\_\_\_\_\_  
Printed name of command designated qualifying dentist

\_\_\_\_\_  
Command

\*Not authorized for Red Cross volunteers.



EFQ FOR PROSTHODONTIC TECHNICIANS

EXPANDED FUNCTION EVALUATED	INITIALS AND DATE
1. Make and pour preliminary alginate impressions.	_____
2. Bead, box, and pour final impressions.	_____
3. Separate and trim casts.	_____
4. Pindex, separate and perform preliminary trimming of dies.	_____
5. Perform a face-bow transfer and mount casts on the following:	
a. Hinge articulator.	_____
b. Semi-adjustable articulator.	_____
6. Fabricate the following:	
a. Occlusal rims.	_____
b. Custom trays.	_____
c. Vacu-form mouthguards.	_____
d. Vacu-form templates for provisional restorations (including tooth or teeth placement on casts before template fabrication).	_____
7. Perform the following procedures involving provisional treatment restorations, including provisional post and cores:	
a. Extra-oral fabrication.	_____
b. Extra-oral repair.	_____
c. Delivery, excluding post and cores.	_____
8. Place and pack surface retraction cords.	_____
9. Prepare for signature a lab request form, DD 2322, for fabrication of selected prostheses.	

BUMEDINST 6600.13  
25 Feb 97

EXPANDED FUNCTION EVALUATED	INITIALS AND DATE
10. Polish acrylic resin prostheses.	_____
11. Perform the initial try-in and occlusal equilibration of:	
a. Transitional treatment partial dentures (TTPs).	_____
b. Reline and repair TTPs.	_____
12. Make initial shade selections for:	
a. Partial and complete dentures.	_____
b. Porcelain restorations.	_____
c. Provisional restorations.	_____
13. Remove cement from:	
a. Provisionally cemented restorations.	_____
b. Permanently cemented restorations.	_____
EFQ for PROSTHODONTICS completed this date:	_____

\_\_\_\_\_  
Signature of command designated qualifying dentist

\_\_\_\_\_  
Printed name of command designated qualifying dentist

\_\_\_\_\_  
Command

EFQ FOR ORTHODONTIC TECHNICIANS

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

1. Orthodontic Record Procedures

- a. Expose and develop the following radiographs:

(1) Panoramic.

\_\_\_\_\_

(2) Lateral cephalometric.

\_\_\_\_\_

(3) Antero-postero cephalometric.

\_\_\_\_\_

- b. Perform a manual lateral cephalometric tracing.

\_\_\_\_\_

- c. Perform a manual lateral cephalometric analysis.

\_\_\_\_\_

- d. Use a computer cephalometric program.

\_\_\_\_\_

- e. Digitize a lateral cephalogram.

\_\_\_\_\_

- f. Obtain a computer printout of analysis values.

\_\_\_\_\_

- g. Plot and print a tracing of the analysis.

\_\_\_\_\_

- h. Take orthodontic study model impressions.

\_\_\_\_\_

- i. Take a centric occlusion wax bite.

\_\_\_\_\_

- j. Trim orthodontic models.

\_\_\_\_\_

- k. Prepare for a face-bow transfer.

\_\_\_\_\_

- l. Mount orthodontic models on an articulator.

\_\_\_\_\_

- m. Finish, polish, and label ortho models.

\_\_\_\_\_

- n. Prepare a Bolton analysis (3 - 3).

\_\_\_\_\_

- o. Assemble an orthodontic treatment record.

\_\_\_\_\_

2. Interceptive Orthodontic Procedures

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

- a. Size & fit headgear face-bow (cervical). \_\_\_\_\_
- b. Size & fit headgear face-bow (high pull). \_\_\_\_\_
- c. Size & fit headgear face-bow  
(combination). \_\_\_\_\_
- d. Size & fit cervical headgear strap. \_\_\_\_\_
- e. Size & fit high pull headgear strap. \_\_\_\_\_
- f. Size & fit combination headgear straps. \_\_\_\_\_
- g. Size & fit headgear modules. \_\_\_\_\_
- h. Instruct patient or parent in the wear &  
safety, installation, and use of headgear. \_\_\_\_\_
- i. Size & fit lingual archwire. \_\_\_\_\_
- j. Activate rapid palatal expander (RPE). \_\_\_\_\_
- k. Activate & adjust slow expansion  
devices (Schwartz Plate, etc.). \_\_\_\_\_
- l. Instruct patient or parent in the  
activation and followup of expansion  
devices. \_\_\_\_\_
- m. Size & fit lip bumper. \_\_\_\_\_

3. Banding and Bonding Procedures

- a. Dry and isolate tooth. \_\_\_\_\_
- b. Setup bonding brackets & instruments. \_\_\_\_\_
- c. Clean, etch, and dry teeth for bonding. \_\_\_\_\_
- d. Place sealant. \_\_\_\_\_
- e. Mix bonding adhesive & place on bracket. \_\_\_\_\_
- f. Place and form initial archwire. \_\_\_\_\_
- g. Place elastic ligatures. \_\_\_\_\_

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

- h. Place wire ligatures. \_\_\_\_\_
  - i. Use ligature cutter. \_\_\_\_\_
  - j. Use distal end-cutter. \_\_\_\_\_
  - k. Place the following separators:
    - (1) Elastomeric. \_\_\_\_\_
    - (2) Brass wire \_\_\_\_\_
    - (3) Spring clip. \_\_\_\_\_
  - l. Select and fit bands. \_\_\_\_\_
  - m. Prepare band for cementation. \_\_\_\_\_
  - n. Spot weld attachments to bands. \_\_\_\_\_
  - o. Mix banding cement. \_\_\_\_\_
  - p. Place dry-foil. \_\_\_\_\_
  - q. Clean up excess cement. \_\_\_\_\_
  - r. Replace archwire. \_\_\_\_\_
  - s. Give patient orthodontic plaque control instruction. \_\_\_\_\_
  - t. Give patient orthodontic appliance care and dietary instruction. \_\_\_\_\_
4. Archwire Adjustment Procedures
- a. Coordinate archwires. \_\_\_\_\_
  - b. Rotate auxiliary spring, place wedge. \_\_\_\_\_
  - c. Place elastomeric closing chain. \_\_\_\_\_
  - d. Place elastomeric tie. \_\_\_\_\_
  - e. Place wire ligature tie. \_\_\_\_\_

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

- |   |       |
|---|-------|
| f. Place Kobayashi hook.                                    | _____ |
| g. Use ligature cutters.                                    | _____ |
| h. Activate closing loop archwire.                          | _____ |
| i. Use distal end-cutter.                                   | _____ |
| j. Activate closing springs.                                | _____ |
| k. Activate open coil springs.                              | _____ |
| l. Place the following elastics:                            |       |
| (1) Class I.  | _____ |
| (2) Class II.   | _____ |
| (3) Class III.  | _____ |
| (4) Posterior cross bite.                                   | _____ |
| (5) Anterior cross bite.                                    | _____ |
| (6) Box.  | _____ |
| m. Instruct patient on elastic placement and use.           | _____ |
| n. Place archwire step and offset bends.                    | _____ |
| o. Place archwire Curve of Spee.                            | _____ |
| p. Place archwire reverse Curve of Spee.                    | _____ |
| q. Fit and adjust biteplane.                                | _____ |
| r. Activate uprighting springs.                             | _____ |
| s. Remove supragingival calculus from appliances and teeth. | _____ |
| t. Remove archwires.  | _____ |

5. Band and Bond Removal Procedures

- |                                      |       |
|--------------------------------------|-------|
| a. Remove bonded orthodontic device. | _____ |
|--------------------------------------|-------|

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

- b. Remove bonding adhesive. \_\_\_\_\_
- c. Remove cemented band or device. \_\_\_\_\_
- d. Remove remaining cement. \_\_\_\_\_
- e. Remove supragingival calculus & stain. \_\_\_\_\_
- f. Instruct patient on proper oral hygiene following band and bracket removal. \_\_\_\_\_
- g. Take impression for maxillary and mandibular retainers. \_\_\_\_\_
- h. Instruct patient on philosophy and use of retainers. \_\_\_\_\_

6. Retainer Procedures

- a. Construct maxillary and mandibular Hawley retainers. \_\_\_\_\_
- b. Deliver and fit maxillary acrylic retainer. \_\_\_\_\_
- c. Deliver and fit mandibular acrylic retainer. \_\_\_\_\_
- d. Instruct patient on wear and care of retainers. \_\_\_\_\_

EFQ for ORTHODONTICS completed this date: \_\_\_\_\_

\_\_\_\_\_  
Signature of command designated qualifying dentist

\_\_\_\_\_  
Printed name of command designated qualifying dentist

\_\_\_\_\_  
Command

EFQ FOR PEDODONTIC TECHNICIANS

EXPANDED FUNCTION EVALUATED	INITIALS AND DATE
1. Apply plaque disclosing agents.	_____
2. Give plaque control instruction to patient or parent.	_____
3. Demonstrate prophylaxis (rubber cup).*	_____
4. Demonstrate supragingival scaling using:*	
a. Hand instruments.	_____
b. Sonic instruments.	_____
5. Apply topical fluoride agents using:	
a. Disposable trays.	_____
b. Brush on techniques.	_____
6. Demonstrate the use of lead aprons and thyroid collars.	_____
7. Expose, develop, and mount the following radiographs (recognizing the indication and need for different size films based on patient age and stage of dental development):*	
a. Anterior occlusal.	_____
b. Bitewings.	_____
c. Periapicals.	_____
d. Panoramic.	_____
e. Cephalometric.	_____
8. Demonstrate the use of a supplemental film holding device.	_____
9. Demonstrate the use of parental assistance in exposing radiographs.	_____
10. Place and remove rubber dam in the following situations:	



EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

- a. Single tooth isolation. \_\_\_\_\_
- b. Split dam for multiple teeth isolation. \_\_\_\_\_
- 11. Place pit and fissure sealants, demonstrating the following:
  - a. Etch. \_\_\_\_\_
  - b. Isolation with:
    - (1) Rubber dam. \_\_\_\_\_
    - (2) Cotton roll. \_\_\_\_\_
  - c. Preliminary occlusal check. \_\_\_\_\_
- 12. Take and record pre-op and post-op blood pressure (BP). \_\_\_\_\_
- 13. Place topical anesthetic for routine local infiltration and block anesthesia. \_\_\_\_\_
- 14. Demonstrate knowledge of (composition, properties, indications, material preparation) and place and perform the initial occlusal check (if applicable) of the following:
  - a. Amalgam (simple only, includes carving). \_\_\_\_\_
  - b. Calcium hydroxide (Dycal). \_\_\_\_\_
  - c. Varnish. \_\_\_\_\_
  - d. Glass ionomer (simple only) Types 1, 2, and 3. \_\_\_\_\_
  - e. Composites (simple only) etch, glaze, and rebond. \_\_\_\_\_
  - f. Cements:
    - (1) Glass ionomer. \_\_\_\_\_

EXPANDED FUNCTION EVALUATED

INITIALS AND DATE

- (2) ZnPO<sub>4</sub>. \_\_\_\_\_
- (3) PCA (polycarboxylate). \_\_\_\_\_
- g. Temporary Cements:
  - (1) Dycal. \_\_\_\_\_
  - (2) IRM. \_\_\_\_\_
- h. Sealants. \_\_\_\_\_
- 15. Recognize caries on bitewing radiographic review. \_\_\_\_\_
- 16. Place and perform preliminary occlusal checks of temporary or sedative restorations. \_\_\_\_\_
- 17. Prepare study casts (includes taking alginate impression, wax bite registration, disinfection, pouring gypsum, and trimming casts). \_\_\_\_\_
- 18. Deliver to patient and parent:
  - a. Pre-operative surgical instructions. \_\_\_\_\_
  - b. Post-operative surgical instructions. \_\_\_\_\_
- 19. Discuss and explain informed consent with the parent (doctor must obtain informed consent). \_\_\_\_\_
- 20. Remove excess cement from:
  - a. Cemented stainless steel crowns. \_\_\_\_\_
  - b. Orthodontic bands. \_\_\_\_\_
  - c. Fixed space maintainers. \_\_\_\_\_
  - d. Habit appliances. \_\_\_\_\_
- 21. Prepare school admit and dental visit chit for dental officer's signature. \_\_\_\_\_

EXPANDED FUNCTION EVALUATED	INITIALS AND DATE
22. Monitor nitrous oxide analgesia, Part 1 - General Considerations:	
a. Know range of normal pulse.	_____
b. Know range of normal respiration rates.	_____
c. Read BP, after determining proper cuff size.	_____
d. Know range of normal blood pressure.	_____
e. Know clinical signs of distress.	_____
f. Know how to initiate emergency procedures.	_____
g. Record vital signs.	_____
23. Monitor nitrous oxide analgesia, Part 2 - Nitrous Oxide Machine:	
a. Prepare machine for use.	_____
b. Perform preventive maintenance on the machine.	_____
c. Secure machine after use.	_____
d. Know occupational hazards and how to prevent exposure.	_____
EFQ for PEDODONTICS completed this date:	_____

\_\_\_\_\_  
Signature of command designated qualifying dentist

\_\_\_\_\_  
Printed name of command designated qualifying dentist

\_\_\_\_\_  
Command